

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>94</i>		<i>10/28/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>11-8-00</i>
FORMALITY REVIEW		<i>71423</i>	<i>11-19-00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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